


Appropriation No. <input type="checkbox"/> CERCLA 68-20X8145 <input type="checkbox"/> RCRA 684/50108 <input type="checkbox"/> OTHER DCN: _____	ENVIRONMENTAL PROTECTION AGENCY Technical Support for Enforcement at Hazardous Waste Sites <input type="checkbox"/> TES-1 <input type="checkbox"/> TES-2	Contractor No. _____ Work Assignment No. _____ No. of Pages to Follow 4
<input type="checkbox"/> Original Work Assignment <input type="checkbox"/> Work Plan Approval <input type="checkbox"/> Amendment No. _____ A revised Work Plan is <input type="checkbox"/> is not required		
The Contractor shall furnish facilities, materials, and the necessary professional, technical and supporting personnel for performance of the work required by this Work Assignment, described below.		
TITLE: Site Name _____ Task Desc. _____ Task Type _____		
Priority: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Expedite* Reference Information: <input type="checkbox"/> Attached <input type="checkbox"/> Transmitted Separately <input type="checkbox"/> Not Applicable		
Site Identifier No. TGB81 _____		Government Est. _____ Contractor Est. _____
Effort (Technical Labor Hours):		Previous _____
		This Action _____
		Total _____
Expert Witness Hours (Not to be included in LOE Hours) _____		_____
Period of Performance: From Effective Date (see below) _____		_____
or: To Completion of Deliverables _____		_____
Site Location (City or County): _____		State: _____ Region: _____
Statement of Work Summary: (enforcement objective and regulatory action being supported here, attach statement if work is extensive) _____		
 S00025524 SUPERFUND RECORDS		
25226		
Reporting Requirements: <input type="checkbox"/> Briefing(s) <input type="checkbox"/> Letter Report <input type="checkbox"/> Draft Final Report <input type="checkbox"/> Other _____		
<input type="checkbox"/> Submit all deliverables to Region (Note: Monthly Reports and Final Reports are required for all work assignments.)		
Primary Contact: (Name, Address, Tel. No.) _____		
Backup Contact: (Name, Address, Tel. No.) _____		
Initiator: _____		Date: _____
Project Officer: _____		Date: _____ Tel. (202) 382-4842 (FTS)
<div style="display: flex; justify-content: space-between;"> <div>Contracting Officer</div> <div>DATE (effective date)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>Contractor Acknowledgement of Receipt (signature & title)</div> <div>DATE</div> </div>		

*Justification Required

Sheet 1 White—Contracting Officer Copy (Washington, D.C.)
 Sheet 2 Blue—Project Office Copy (Washington, D.C.)
 Sheet 3 Green—Contractor Copy

Sheet 4 Yellow—Acknowledgement Copy
 Sheet 5 Pink—Regional Coordinator
 Sheet 6 Gold—Regional Contact